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Bib Data Sheet

CONFIRMATION NO. 9357

SERIAL NUMBER 10/722,830	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 264	GROUP ART UNIT 1732	ATTORNEY DOCKET NO. TRU-2206
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/249,344 04/02/2003 which is a CIP of 10/106,741 03/26/2002 ABN
 which is a CIP of 09/682,440 09/04/2001 PAT 6,592,369
 which is a CIP of 09/670,364 09/26/2000 ABN
 and said 10/249,344 04/02/2003
 is a CIP of 10/306,096 11/27/2002 PAT 6,799,969
 which is a CON of 09/670,364 09/26/2000 ABN *PB*

**** FOREIGN APPLICATIONS ********none PB***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Patricia B. Smith</i> Examiner's Signature	<i>PB</i> Initials			

ADDRESS

Dale R. Lovercheck, Esquire
 DENTSPLY INTERNATIONAL INC.
 570 West College Avenue
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TITLE

Method of forming a dental product

FILING FEE RECEIVED 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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